



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Lorenzo Brown  
AdventHealth DeLand  
701 W Plymouth Ave  
Deland, FL 32720

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010187700**

Dear Mr. Brown:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$468,015 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010187700**

Facility Name (current) : **AdventHealth DeLand**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$468,015
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$468,015
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$468,015</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Robert Deininger  
AdventHealth Fish Memorial  
1055 Saxon Blvd  
Orange City, FL 32763

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010182600**

Dear Mr. Deininger:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$416,451 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010182600**

Facility Name (current) : **AdventHealth Fish Memorial**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$416,451
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$416,451
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$416,451</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Denyse Bales-Chubb  
AdventHealth Tampa  
3100 E Fletcher Ave  
Tampa, FL 33613

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010102800**

Dear Ms. Bales-Chubb:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,028,437 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010102800**

Facility Name (current) : **AdventHealth Tampa**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,028,437
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$2,028,437
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$2,028,437</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Amanda Maggard  
AdventHealth Zephyrhills  
7050 Gall Blvd  
Zephyrhills, FL 33541

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010149400**

Dear Ms. Maggard:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$435,394 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010149400**

Facility Name (current) : **AdventHealth Zephyrhills**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$435,394
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$435,394
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$435,394</b>

[1] This payment may be made by check or transferred electronically.





RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Ed Huble  
Baptist Medical Center - Nassau  
1250 S 18th St.  
Fernandina Beach, FL 32034

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010123100**

Dear Mr. Huble:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$251,329 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010123100**

Facility Name (current) : **Baptist Medical Center - Nassau**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$251,329
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$251,329
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$251,329</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Karen Kerr  
Bartow Regional Medical Center  
2200 Osprey Blvd  
Bartow, FL 33830

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 012041300**

Dear Ms. Kerr:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$444,527 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **012041300**

Facility Name (current) : **Bartow Regional Medical Center**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$444,527
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$444,527
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$444,527</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Amanda Maggard  
AdventHealth Dade City  
13100 Fort King Rd.  
Dade City, FL 33525

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010959200**

Dear Ms. Maggard:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$145,405 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010959200**

Facility Name (current) : **AdventHealth Dade City**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$145,405
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$145,405
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$145,405</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Brett Esrock  
Cape Canaveral Hospital  
701 W Cocoa Beach Cswy  
Cocoa Beach, FL 32931

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010009900**

Dear Mr. Esrock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$535,857 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010009900**

Facility Name (current) : **Cape Canaveral Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$535,857
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$535,857
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$535,857</b>

[1] This payment may be made by check or transferred electronically.





RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Robert L. Lord Jr.  
Cleveland Clinic Martin North Hospital  
200 SE Hospital Ave  
Stuart, FL 34994

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010118400**

Dear Mr. Lord:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,741,639 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010118400**

Facility Name (current) : **Cleveland Clinic Martin North Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,741,639
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,741,639
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$1,741,639</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Richard L. Freeburg  
Fishermen's Community Hospital  
3301 Overseas Hwy  
Marathon, FL 33050

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010120600**

Dear Mr. Freeburg:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$104,538 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010120600**

Facility Name (current) : **Fishermen's Community Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$104,538
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$104,538
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$104,538</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Michael Bell  
Hialeah Hospital  
651 E 25th St.  
Hialeah, FL 33013

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010041200**

Dear Mr. Bell:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$465,566 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010041200**

Facility Name (current) : **Hialeah Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$465,566
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$465,566
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$465,566</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Brett Esrock  
Holmes Regional Medical Center  
1350 S Hickory St.  
Melbourne, FL 32901

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010008100**

Dear Mr. Esrock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,232,236 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

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Enclosure:

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Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010008100**

Facility Name (current) : **Holmes Regional Medical Center**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,232,236
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$2,232,236
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$2,232,236</b>

[1] This payment may be made by check or transferred electronically.





RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

J. Gregory Rosencrance, MD  
Cleveland Clinic Indian River Hospital  
1000 36th St.  
Vero Beach, FL 32960

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010104400**

Dear Dr. Rosencrance:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$877,621 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

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Enclosure:

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010104400**

Facility Name (current) : **Cleveland Clinic Indian River Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$877,621
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$877,621
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$877,621</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Michael T. Hutchins  
Jay Hospital  
14114 Alabama St.  
Jay, FL 32565

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010173700**

Dear Mr. Hutchins:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$50,643 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010173700**

Facility Name (current) : **Jay Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$50,643
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$50,643
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$50,643</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Rebecca T. Brewer  
Lake Wales Medical Center  
410 S 11th St.  
Lake Wales, FL 33853

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010166400**

Dear Ms. Brewer:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$159,793 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010166400**

Facility Name (current) : **Lake Wales Medical Center**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$159,793
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$159,793
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$159,793</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Donald G. Henderson  
Leesburg Regional Medical Center  
600 E Dixie Ave  
Leesburg, FL 34748

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010107900**

Dear Mr. Henderson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$523,109 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010107900**

Facility Name (current) : **Leesburg Regional Medical Center**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$523,109
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$523,109
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$523,109</b>

[1] This payment may be made by check or transferred electronically.





RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Kevin DiLallo  
Manatee Memorial Hospital  
206 2nd St E  
Bradenton, FL 34208

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010116800**

Dear Mr. DiLallo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,300,156 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010116800**

Facility Name (current) : **Manatee Memorial Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,300,156
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,300,156
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$1,300,156</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Richard L. Freeburg  
Mariners Hospital  
91500 Overseas Hwy  
Tavernier, FL 33070

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010121400**

Dear Mr. Freeburg:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$252,484 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010121400**

Facility Name (current) : **Mariners Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$252,484
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$252,484
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$252,484</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Glenn Davenport Waters  
Mease Dunedin Hospital  
601 Main St.  
Dunedin, FL 34698

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010154100**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$481,550 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010154100**

Facility Name (current) : **Mease Dunedin Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$481,550
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$481,550
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$481,550</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Glenn Davenport Waters  
Morton Plant Hospital  
300 Pinellas St.  
Clearwater, FL 33756

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010158300**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$2,385,356 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010158300**

Facility Name (current) : **Morton Plant Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$2,385,356
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$2,385,356
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$2,385,356</b>

[1] This payment may be made by check or transferred electronically.





RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Paul Hiltz  
Naples Community Hospital  
350 7th St. N  
Naples, FL 34102

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010031500**

Dear Mr. Hiltz:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,857,875 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010031500**

Facility Name (current) : **Naples Community Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,857,875
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,857,875
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$1,857,875</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Valerie Powell-Stafford  
Northside Hospital  
6000 49th St. N  
Saint Petersburg, FL 33709

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 011519300**

Dear Ms. Powell-Stafford:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$355,747 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **011519300**

Facility Name (current) : **Northside Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$355,747
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$355,747
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$355,747</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Brett Esrock  
Palm Bay Hospital  
1425 Malabar Rd. NE  
Palm Bay, FL 32907

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 003297500**

Dear Mr. Esrock:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$696,765 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **003297500**

Facility Name (current) : **Palm Bay Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$696,765
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$696,765
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$696,765</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Roger L. Hall  
Sacred Heart Hospital on The Emerald Coast  
7800 US Hwy 98 W  
Miramar Beach, FL 32550

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010323300**

Dear Mr. Hall:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$486,791 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010323300**

Facility Name (current) : **Sacred Heart Hospital on The Emerald Coast**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$486,791
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$486,791
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$486,791</b>

[1] This payment may be made by check or transferred electronically.





RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Roger L. Hall  
Sacred Heart Hospital on The Gulf  
3801 E Hwy 98  
Port Saint Joe, FL 32456

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 002012700**

Dear Mr. Hall:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$156,533 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **002012700**

Facility Name (current) : **Sacred Heart Hospital on The Gulf**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$156,533
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$156,533
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$156,533</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Glenn Davenport Waters  
South Florida Baptist Hospital  
301 N Alexander St.  
Plant City, FL 33563

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010098600**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$935,810 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010098600**

Facility Name (current) : **South Florida Baptist Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$935,810
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$935,810
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$935,810</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Glenn Davenport Waters  
St. Anthony's Hospital  
1200 Seventh Ave N  
Saint Petersburg, FL 33705

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 012022700**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,996,689 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **012022700**

Facility Name (current) : **St. Antonys Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,996,689
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,996,689
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$1,996,689</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Glenn Davenport Waters  
St. Josephs Hospital  
3001 W Martin Luther King Jr Blvd  
Tampa, FL 33607

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010097800**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$5,408,116 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010097800**

Facility Name (current) : **St. Josephs Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$5,408,116
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$5,408,116
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$5,408,116</b>

[1] This payment may be made by check or transferred electronically.





RON DESANTIS  
GOVERNOR  
SIMONE MARSTILLER  
SECRETARY

June 16, 2022

Glenn Davenport Waters  
Winter Haven Hospital  
200 Ave F NE  
Winter Haven, FL 33881

**RE: State Fiscal Year 2021- 2022  
Annual Scheduled Low Income Pool (LIP) Group 1, Tier 1 Payment  
Medicaid Number: 010169900**

Dear Mr. Waters:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,538,724 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño, Budget and Fiscal planning Supervisor,  
Medicaid Program Finance

MC:sj

Enclosure:

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Tallahassee, FL 32308  
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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 1, Tier 1

State Fiscal Year 2021 - 2022 Annual Payment

Medicaid Number : **010169900**

Facility Name (current) : **Winter Haven Hospital**

Annual Group 1, Tier 1 distribution to your facility	(A)	\$1,538,724
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 1 Tier 1 Payments</b>	(A - B) = (C)	\$1,538,724
Total of your Group 1, Tier 1 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 1 Tier 1 Payment [1]</b>	(E)	<b>\$1,538,724</b>

[1] This payment may be made by check or transferred electronically.